## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/591779

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER  2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
3				1		
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TOTAL IND.	0	#	1	♣	0	•
TOTAL DEP.	0 🛑		10 🗲		0 🛑	
TOTAL CLAIMS	0		11	1.54	0	7.71

PTO - 1360 (REV. 04/2007)

	AS FILED		AFTER 1* AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL IND.	0	▼	0	-	0	♣
TOTAL DEP.	0	<b>+</b>	0	<b>←</b>	0	<b>(-</b>
TOTAL CLAIMS	0		0	人。	0	

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